

Notice of Agency Rule-making Proposal

AGENCY: 99-346 Maine State Housing Authority

CHAPTER NUMBER AND TITLE: Chapter 19, Homeless Solutions Rule

PROPOSED RULE NUMBER (*leave blank; assigned by Secretary of State*):

CONTACT PERSON FOR THIS FILING: Linda Uhl, Chief Counsel, Maine State Housing Authority, State House Station #89, 353 Water Street, Augusta, Maine 04330-4633, (207) 626-4600 (telephone), (800) 452-4668 (voice in state only) or Maine Relay 711, luhl@mainehousing.org (e-mail)

Upon sufficient notice, this notice and the proposed rule will be made available in alternative formats for persons with disabilities and in alternative languages for persons with limited English proficiency.

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): Same as Contact Person

PUBLIC HEARING (if any): A public hearing will be held on Tuesday, September 17, 2019 at 9:45 AM at Maine State Housing, 353 Water Street, Augusta, Maine 04330-4633

Maine State Housing Authority's office and the hearing room are accessible to persons with disabilities and, upon sufficient notice, appropriate communications auxiliary aids and services will be provided to persons with disabilities and persons with limited English proficiency.

COMMENT DEADLINE: Friday, September 27, 2019 at 5:00 PM

BRIEF *SUMMARY:

The proposed rule repeals and replaces the current *Homeless Solutions Rule* in order to (i) revise and update language where appropriate; (ii) address concerns regarding bed utilization; and (iii) make changes to the funding formula allocation.

A copy of the proposed replacement rule may be found at www.mainehousing.org.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any) None

STATUTORY AUTHORITY FOR THIS RULE: 30-A M.R.S.A. §§4741 (1) and (18); 42 U.S.C.A. §§11301, *et seq.*

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different): Same as above

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: luhl@mainehousing.org

* Check one of the following two boxes.

✓ The above summary is for use in both the newspaper and website notices.

□ The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

| FUND | AGENCY AMOUNT | ORG | APP | JOB | OBJT |
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